



Arkansas Soil and Water  
Conservation Commission



**POULTRY FEEDING OPERATION REGISTRATION &  
CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)  
NOTICE OF INTENT (NOI)  
APPLICATION FOR COVERAGE UNDER GENERAL PERMIT FOR  
DRY-WASTE MANAGEMENT SYSTEMS**

**A. Contact Information.**

Operator name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

\_\_\_\_\_

FAX \_\_\_\_\_

E-mail \_\_\_\_\_

**B. Facility Information.**

**1. Facility Name and Location Information.**

Facility name \_\_\_\_\_

Address *(Physical Address, not p.o. box)* \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ of entrance to facility

Section \_\_\_\_\_ Range \_\_\_\_\_ Township \_\_\_\_\_

**2. Provide general directions to the facility with respect to easily identifiable landmarks or roads:**

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**3. Owner Information (if different from operator information).**

**Owner Name**\_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_

**State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Telephone Numbers** \_\_\_\_\_

\_\_\_\_\_

**4. Integrator Information (If contract operation).**

**Integrator Name**\_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

FAX \_\_\_\_\_

**C. Type and Number of Animals.**

| 1. TYPE  | 2. ANIMALS            |                     |
|--|-----------------------|---------------------|
| DRY-WASTE MANAGEMENT SYSTEMS ONLY  | # IN OPEN CONFINEMENT | # HOUSED UNDER ROOF |
| <input type="checkbox"/> Chickens (Broilers)   |                       |                     |
| <input type="checkbox"/> Chickens (Layers)   |                       |                     |
| <input type="checkbox"/> Turkeys   |                       |                     |
| <input type="checkbox"/> Swine (55 lbs. or over)   |                       |                     |
| <input type="checkbox"/> Swine (under 55 lbs.)   |                       |                     |
| <input type="checkbox"/> Mature Dairy Cows   |                       |                     |
| <input type="checkbox"/> Dairy Heifers   |                       |                     |
| <input type="checkbox"/> Veal Calves   |                       |                     |
| <input type="checkbox"/> Cattle (not dairy or veal)  |                       |                     |
| <input type="checkbox"/> Horses  |                       |                     |
| <input type="checkbox"/> Sheep or Lambs  |                       |                     |
| <input type="checkbox"/> Ducks   |                       |                     |
| <input type="checkbox"/> Other--Specify  |                       |                     |
| <b>3. TOTAL ANIMALS</b><br>Note: If you have at least 125,000 Broilers, 82,000 Laying Hens, 55,000 Turkeys, 500 Horses, or 1000 Slaughter Cattle and your operation uses a <b>DRY WASTE SYSTEM</b> , then you must apply for coverage under ARG590000. |                       |                     |

**D. Method of carcass disposal:**

- ☐ Freezer  
☐ Composter  
☐ Incinerator  
☐ Other-specify \_\_\_\_\_

**E. Dry Litter Application.**

1. Number of acres under your control available for land application of manure or litter: \_\_\_\_\_

2. Estimated amount, in tons, of manure or litter generated by the operation per year: \_\_\_\_\_

3. Estimated amount, in tons, of manure or litter removed from the house or houses: \_\_\_\_\_

4. Estimated amount, in tons, of manure or litter used per year: \_\_\_\_\_

➤ Type of utilization:

a) Tons Land-Applied: \_\_\_\_\_

b) Tons Stored: \_\_\_\_\_

c) Tons Fed: \_\_\_\_\_

d) Tons Sold or Transferred : \_\_\_\_\_

e) Other- specify: \_\_\_\_\_ Tons: \_\_\_\_\_

**F. Type of Litter Storage.**

List type of litter storage below:

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**H. Are you applying for coverage under ARG590000 for Concentrated Animal Feeding Operation (CAFO)?** ☐ YES ☐ NO

If you answered "NO" in section H, disregard the section I.

ONLY FOR FACILITIES REQUESTING COVERAGE UNDER ARG590000 FOR  
DRY WASTE HANDLING SYSTEMS.

**I. Comprehensive Nutrient Management Plan (CNMP)**

1. List any permits and permit numbers issued by ADEQ for the facility.

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2. Has a CNMP been developed? ☐ Yes ☐ No\*

3. If "No", when will the CNMP be developed? \_\_\_\_\_ (date).

4. Is a CNMP being implemented for the facility? ☐ Yes ☐ No

5. When was the last review or revision of the current CNMP? \_\_\_\_\_ (date).

6. Attach topographic map of operation.

\* If the facility does not have a CNMP, the facility owner/operator should notify, in writing, the Natural Resource Conservation Service (NRCS), a technical service provider, a professional engineer registered in the State of Arkansas in a relative field of practice or the Arkansas Soil & Water Conservation District within 30 days of submittal of this NOI and request development of a CNMP. The permit applicant shall notify ADEQ in writing of the date the contact was made and the date when the CNMP is scheduled to be completed.

If you have any questions regarding this section, you can contact your local District or ADEQ at: 8001 National Drive, Post Office Box 8913, Little Rock, AR 72219-8913. (501) 682-0648.

**Operation Status:**

☐ New Facility. ☐ Existing Facility. ☐ Facility Expansion.

**J. Annual FEE:**

- Permit for Concentrated Animal Feeding Operation: (The District will send fee to ADEQ).  
\$100- FEE Enclosed \$ \_\_\_\_\_
- Poultry Feeding Operation Registration:  
\$10- FEE Enclosed \$ \_\_\_\_\_
- Total Amount Enclosed \$ \_\_\_\_\_

***I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true and accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.***

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**Print or type full name.**

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**Signature of owner/operator.**

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**Date**

**For coverage under General Permit ARG590000, submit completed NOI form and permit application fee to:**

**Arkansas Department of Environmental Quality  
Attention: State Permits Branch  
P.O. Box 8913  
Little Rock, AR 72219**